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RICH FRUITS OF THE NEW DOCTRINE OF THE MOTIVE POWER
OF THE BLOOD.

COMMUNICATED IN A LETTER TO MRS. EMMA WILLARD, OF TROY, BY SAMUEL A.
CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

New Orleans, July 26th, 1852.

DEAR MADAM,—I am about to write you another strange and extraordinary letter, telling of wonders almost too wonderful for credence—rich fruits of your discovery that “the chief motive power of the blood is located in the lungs and derived from respiration.” Three times it died and three times it was brought to life again. It was on or near the glorious 4th of the present month of July. It was not a crocodile, or a *la grande dragonne*, as the French call the animal, familiarly known as the alligator. It was not a *nouveau né* which had never breathed before; but it was a laughing, cooing, smiling, cherub-cheeked little boy, with sparkling eyes and golden hair, its mother’s joy, and its father’s hope of perpetuating an honored name. Such was one of the weak things of this world chosen to confound the over-wise and prudent physiologists of Europe and America, who have condemned, slighted and despised the great discovery, lately made in the western world, that “*the chief motive power of the blood is located in the lungs and derived from respiration.*”

Three times it died and three times it was brought to life again, by the child’s father using measures to bring into action that very motive power in the lungs, first announced by you, as existing therein; a power denied and not recognized by the attending physicians of the little patient as having any existence, and generally repudiated by the profession as a wild dream of yours not worth notice. Is prejudice so strong, that this generation must pass away and another arise, before a newly-discovered power shall be noticed and recognized, which has three times proved its existence by raising the dead? It must. Dowler, who wrote an able monograph on “*Death*,” said that death was on the child, and left the house. Some of the other doctors sat by it until the little sufferer, to all appearances, breathed its last, and all signs of life had vanished, even in the ultimum moriens, the right ventricle. They then left the house of mourning. Let us leave it also. We will return to it by-and-by, and you shall have the pleasure of seeing that your discovery of the motive power of the blood has, in the interval, converted that house

of wailing and woe into a house of joy and gladness. Close by, in a studio, I desire, if you please, to introduce to your acquaintance a physician, whose great learning and happy faculty for indoctrinating, his genius for writing, his being a master of logic and his natural ability to make the worse appear the better reason, are well known among us, and who has long since withdrawn from the practice of medicine—the dull routine not being in accordance with his tastes. He is now, and long has been, properly speaking, a professor, a writer, a critic, a reviewer, and a most formidable antagonist in controversy. It is no less a personage than Albert W. Ely, A.M., M.D., and perhaps entitled to put after his name the talismanic letters LL.D. You will see in him the great southern opponent of your doctrines of the circulation of the blood. But he is not in. There is his great arm chair, and there the gray goose quill with the ink in it, scarcely dry from the work of representing your discovery in the shape of a Nilotic ruin, sorrowful to behold. When I heard that that scathing critic and able professor of belles-lettres was going to take the field against the doctrine that “the chief motive power of the blood is located in the lungs and derived from respiration,” and that he would be supported by Dr. Bennet Dowler, of world-wide fame, a host within himself; by Prof. Riddell, of the Louisiana University, in science a head and shoulders taller than the most of men; by Dr. Hester, editor of the New Orleans Medical and Surgical Journal, and many other distinguished names, I saw that the crisis was coming for the doctrine to stand or fall. If it could hold its own against such odds, it might be expected to withstand anything. Learning that Dr. Ely would take the ground that alligators are curious animals, and will die and come to life again whether the trachea be tied or not, and that Dr. Dowler was actually preparing a paper for publication, setting forth in the first words of the title page, “that ligation of the trachea will not kill these reptiles,” and that he would quote the experiments of the 6th of May, reported by me, in proof of his position, where the animal revived before the ligature was removed (without giving any weight to the fact, since abundantly proved by eye-witnesses, that the bronchial tubes and lungs had been cut into below the ligature about five minutes after its application and anterior to the resuscitation), I concluded not to wait for the combined forces to make the attack, but to attack them at once in their untenable position. I sent to La Fourche Interior, to the Balize, and to various places, for an alligator of good size, promising the fishermen a good price for *la grande dragonne*. But the report was that no *la grande dragonne* could be caught alive, as he broke their hooks and tore their nets to pieces. At length a lucky chance threw into my possession quite a large, fierce and vigorous crocodile from the battle-ground below this city. And now I must report to you the experiment with my battle-ground crocodile. It turned out to be a 23d of December affair to the opposers of your doctrine—an omen of what was coming on the 8th of January, or rather on the 4th of this present month of July, when the great leader of the opposition to the great American discovery was swept from the field. Not, however, by anything I did, calculated to exalt me in my own eyes, but rather to humble me and to show how very ignorant I am. Need I

tell you that the leader of the opposition was put down (or, more properly, exalted in being shown the truth) by the interposition of that mysterious power, which had moved you, many years ago, much against your will and the advice of your friends, to make your discovery of the motive power of the blood known. But I must leave you in suspense here until you look over the report of the experiment, and to-morrow you shall hear the sequel.

Very respectfully your ob't serv't,

SAM'L A. CARTWRIGHT.

To Mrs. Emma Willard, Troy, N. Y.

ULCERATION OF THE INTESTINES—ENORMOUS DISCHARGE OF PUS FROM THE BOWELS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following communication will be of interest to the numerous readers of your valuable Journal, you will please give it an insertion.

Dr. Moses L. Atkinson, of Lawrence, aged 37 years, of good general health, of sanguine and rather scrofulous temperament, was on the 10th of April, 1851, while at Springfield, taken with frequent bloody discharges, attended with severe pain, griping and tenesmus. He remained there from Wednesday until Saturday, without doing much for himself, and then took the cars and came home, a distance of 125 miles. He arrived home about 6 o'clock, P. M., much fatigued and exhausted from his journey and the effects of heat, the weather at that time being extremely warm. I saw him immediately upon his arrival. Found him suffering with severe pain in the bowels, frequent muco-bloody discharges, attended with griping and tenesmus; his pulse 86 and feeble. There was tenderness of the abdomen and a little distension. I prescribed opiates and sub-muriate hydr., with mucilages, warm fomentations to the bowels, together with injections of strch and morphine. This relieved the pain and lessened the frequency of the discharges for a time, and he got a little rest during the first part of the night. Before morning the pain and discharges returned, with all their former severity. Dr. Huse, of Methuen, was called. We applied leeches to the abdomen, continued the opium and sub-muriate in increased doses, with morphine injections, so as in some measure to control the pain and the frequency of the discharges. There was a haggard look of the countenance, and both physicians and friends felt the greatest solicitude and anxiety from the beginning.

During the first week, Drs. Dalton of Lowell, and Bowditch of Boston, were called in consultation. The patient continued extremely sick, and on the 18th had a very distressed day; severe pain, great prostration of strength; discharges of bile, mucus and blood, were frequent and painful—fainting, with great general debility, attending. At this time it was thought by us all that he could not survive the acute or active stage of the disease. His appetite was gone, stomach irritable, with retching and occasional vomiting. The anodyne and mercurial

treatment was continued so far as practicable. Morphine and mucilaginous injections had the best effect in affording relief.

Sept. 24th, had a very bad day; discharges frequent, copious and very painful. It appeared evident he could hold out but a short time. Hiccough now commenced, and was very severe for six or seven days; it was difficult to retain anything on the stomach; his flesh wasted rapidly, and his strength was gone. The hiccough at length subsided and he rallied in some measure, the stomach became quiet, and he remained more comfortable.

Between the third and fourth week there was a partial crisis; the symptoms assuming a milder form, and the evacuations having the appearance of pus. He remained more quiet for two weeks, having from four to six discharges per day, of a muco-purulent matter, and a larger number if not controlled by injections and opiates. The discharges now became more like pure pus, and he had occasional chills. No appetite, loathing all food, and if any was taken it was often rejected at once. Emaciation continued, and he was so feeble as to be unable to turn himself in bed or to draw up the lower limbs.

After this his stomach became quiet, and his appetite improved. He took beef-tea, chewed meat and swallowed the juice. For two weeks he seemed to mend a very trifle, having a good appetite, and his tongue was clean. His desire for food was now good or rather craving, and he indulged in eating some tripe several times.

Soon after this his appetite again failed, and in a few days he was taken with severe pain in the bowels, which continued to increase until he was in the most excruciating distress. A cold sweat broke out upon the surface of the body, the extremities were cold, pulse 98 and tremulous. I feared, for a time, that perforation of the bowels had taken place. His mind was clear, and he thought he could live but a short time. After continuing for nearly five hours in perfect agony, the pain was quieted by opiates given both by the stomach and injections, bottles of hot water to the extremities, anodyne lotions to his bowels, stimulants, &c., and we had the satisfaction of seeing him fall into a quiet slumber.

On visiting him the next morning, I was truly astonished to see how much human nature could endure. His mind was calm and clear as the setting of a summer sun, countenance deathly pale, features shrunk, skin drawn close upon the bones, pulse 108, and prostration extreme. We thought he could live but a few days at most.

After lingering in this low state for a few days, to our surprise he revived in some measure; but could not take much nourishment for two weeks—all the time having from four to six discharges of well-digested pus in twenty-four hours, amounting in all to five or six ounces, and the pulse ranging from 98 to 106. Had occasionally large fecal discharges, always attended with severe pain and prostration.

At length his appetite again returned, and he began to chew meat and swallow the juice. There was constant soreness in the right iliac region, and if pressure was made upon that part it would produce sickness at the stomach and fainting. There was fulness, with the appearance of enlargement of some organ in the left side, which was painful

and tender on pressure. For a time it was difficult to determine the nature of the swelling. After some time, by the use of cathartics, in conjunction with large quantities of warm injections, we were enabled to procure large fecal evacuations, which were invariably attended with severe pain, and at length the tumefaction subsided. The purulent discharges continued nearly the same, without much pain, appetite good, mind clear most of the time.

Thus week after week he remained prostrate from the effects of discharging six ounces of purulent matter in twenty-four hours. Once in six or seven days he would have a poor turn and go down a little lower, if possible, and from which he could not rally. He was cheerful most of the time during the day, with full confidence of recovery, and anxious about his business. He rested tolerably well at night most of the time, by taking a small quantity of morphine in a little chicken-broth by way of injection.

In the latter part of November he had some pain and uneasiness in the chest, but no cough. He was extremely weak, and could not move himself in any part except his arms. He continued through most of the month of December without much alteration, except the very slow wasting of the vital powers. Sometimes his mind was flighty, and he was inclined to be talkative. His appetite was good, and he took considerable nourishment.

About the first of January the discharges became more putrid, and occasionally streaked with blood. His appetite again failed. There was depression of the chest, labored breathing, by turns, and fainting; partial paralysis of the muscles of the right side of the face and upper eye-lid; had from three to six purulent discharges per day, and very putrid. Took but very little nourishment of any kind, but resting some at night, by taking M'Munn's elixir and small injections of morphine. Feet swollen, and the muscles in the ham of one leg contracted. His mouth sore, deglutition difficult, and sickness at the stomach.

From the 10th of January to the day of his death he looked like a breathing skeleton. Mind occasionally a little wandering; pulse from 110 to 124, and scarcely perceptible. He suffered but little from pain at this time, except by short intervals. On the afternoon of the 18th he became more restless, his mind bewildered, and he suffered very much until 11 o'clock, P.M., when death ended his long and tedious disease.

It would be useless at this time for me to describe all the treatment through so long a disease. Suffice it to say, that through the active or early part of it the antiphlogistic treatment, with anodynes, was pursued so far as was thought advisable. Then followed cathartics, blistering the abdomen, lotions, fomentations, leeches, &c. &c. Astringents of various kinds, opium, tannin, sugar of lead, catechu, kino, nitrate of silver both by the stomach and injections, tonics, bark, gentian, columbo, and syrup iodide iron, acids, with quinine and the cod-liver oil. The two latter remedies he took for a long time, with full confidence that they would cure him.

This has been one of the most extraordinary and interesting cases I have ever met with. The amount of pus discharged from the bowels,

and the duration of the disease, are to me truly astonishing. For 126 days, or 18 weeks, we thought each week might be the last. Yet through the exertions of many kind friends, the unceasing and never-tiring efforts of a noble and most affectionate wife, the unwearied and constant devotion of a more than kind sister, together with what little aid I could afford, assisted by the advice of Drs. Huse, Dalton, Bowditch, Peasley, and (others whose kind solicitude and able counsels I shall ever remember with kindness and esteem), the powers of the constitution would rally, and death seem to linger as though loth to destroy its noble victim.

Post-mortem examination, forty Hours after Death.—External appearance showed the greatest degree of emaciation I ever witnessed. The bowels were completely fallen in, so much so that the curve of the spine presented a large tumor in the abdomen. On opening the integuments and muscles, or rather the skin, for that was nearly all that was left, the omentum was found entirely gone, not a vestige of it remaining. The bowels collapsed, lying closely down upon the posterior wall of the abdomen, with the curve of the spine projecting forward of all the intestines, which were dark, and easily broken by handling. On opening them, they were found to contain a small quantity of brown fecal matter, and more of pus. The whole interior of all the large intestines, and some of the lower portion of the small ones, were in a state of complete ulceration, the inner coats completely destroyed, and in many places the ulceration had extended nearly through all the coats. The spleen and pancreas were found a little hardened and firmer than natural. The biliary organs were dark, and exhibited signs of slight inflammation. The other organs nearly normal, except the extreme emaciation.

Upon making this examination, and learning by ocular demonstration the nature and extent of the ulcerated surface of the intestines, and considering the amount of pus which had been daily discharged for so long a time, it seemed truly wonderful that a man could hold out so long against the ravages of so much disease, with such a drain from the system, and while taking so little nourishment.

Yours,
Lawrence, Aug. 2d, 1852.

SENECA SARGENT.

DEATH BY CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have this moment received a note from you requesting an account of the unfortunate case of etherization that occurred in my practice on Friday last. It was my intention to have drawn up a statement of the case for your Journal, and so will at once comply with your request.

Henry Keyser, a German by birth, aged 17, was brought to my office yesterday about noon for surgical aid. The middle finger of his left hand had been caught in the gearing of the machine at which he was at work; the last phalanx was carried away and the soft parts badly

lacerated and torn. It was thought best to remove a portion of the next phalanx, so that when the mangled muscles, ligaments, &c., should be removed, the extremity of the bone might still be covered. The young man looked pale, and appeared to suffer great pain; but beyond this I observed nothing unusual in his appearance—and saw no reason why ether might not safely be administered, and the further infliction of pain obviated. I made the proposition, and he at once began to inhale a mixture of chloric ether and chloroform. There was about ten per cent. of chloroform contained in the mixture. The inhalation was continued for about four or five minutes, with now and then an interruption by his pushing the sponge away with his hand. Appearing insensible, the operation was commenced, but the first stroke of the knife made him start with a loud expression of pain. He began to vomit, and now sensibility was in a great measure restored. The sponge, replenished, was again applied, and he complained of its making his lips smart. I at once removed it and applied ol. oliv. The sponge was again applied over the nose and mouth, and inhalation carried on as before, and for about the same length of time as at the first attempt, or it may have been a minute or two longer. He again appeared unconscious; and to prevent his waking up as before, I gave the sponge—now containing very little ether—into the hands of Mr. Merrill, directing him to hold it still over the face; but there was again retching and an attempt to vomit, from which cause he but illy succeeded in retaining the sponge as directed. I again commenced the operation, Mr. Venner, who came with the young man, holding the hand.

Up to this time, there was observed nothing remarkable either in his general appearance, the pulse, or the respiration. I had made only two incisions, and was attempting to tie the outside digital artery, which was bleeding, per saltem, showing that up to this moment the circulation was good, when my attention was directed by Mr. Merrill to the appearance of the patient. I saw at once that he was either dead or dying, and directed my assistants to help me lay him at once on his back. I sent one of them for medical counsel, whilst the other assisted me in applying restoratives. I found the pulse at the wrist gone, the action of the heart very feeble indeed, and respiration in a moment ceased. But by the application of strong ammonia to the nose, dashing ice water over the head, &c., he again began to gasp, and was breathing convulsively when Dr. Parcher arrived. But a few heaving inspirations, at long intervals—the action of the heart meanwhile growing more and more feeble—and all was quiet. My patient was dead. Dr. Parcher assisted me in the diligent application of the usual means for resuscitation in cases of suspended animation—but all to no purpose, the vital spark had fled.

I regret that I am unable to give the post-mortem appearances of the internal vital organs, the friends objecting to an autopsy being made. And yet I very much doubt whether the knife would have revealed anything new. Such, then, are the facts in this unfortunate case. I had read of deaths from chloroform, but had hoped never to have seen one. A coroner's inquest was held at my request over the body of the de-

ceased, a few hours after death, and the jury returned a verdict in accordance with the facts above stated.

But the question will arise in the minds of all who may read this article, how was death caused in this particular case? Was it owing to an impure article used? Was it unskilfully administered? Or was there something peculiar in the organization of the patient, or the state of the nervous system, at the time, rendering this agent toxic with whatever precaution used? That the last position is the true one, is my honest conviction.

On the first question, I have only to remark, that both the chloric ether and chloroform were obtained at W. B. Little's apothecary store, on Hanover street, where I have usually supplied myself for several years past. And in addition I can state this important fact, that from the same bottle I had administered the ether in a number of cases previously with the usual effect. And furthermore the mixture in the phial, containing the small per cent. of chloroform mentioned, had been tested only a few days before, in a case where a similar operation on a finger was required. This patient inhaled from two to three times the quantity that Keyser did, with the happiest effect, and walked home after the operation.

Secondly, I would remark that I have habitually used anæsthetic agents in my practice since their first introduction in this city, and never before witnessed any alarming or injurious effect from their use. At first I employed sulphuric ether; then, for nearly two years, chloroform exclusively. But finding that, according to the experience of others, ether seemed more safe, I have for almost two years relied upon this agent in obstetric and surgical practice, using chloroform only in cases where the ether appeared not to induce anæsthesia very readily. My plan of administering these agents has been uniform. I have never used an inhaler of any kind whatever. The sponge is the only article I have ever used, unless it was the handkerchief or napkin in a few instances when no sponge was at hand. I have always made it a point to admit an abundant supply of atmospheric air into the lungs, and when the patient complained of suffocation permitted him to push the sponge away for a few moments, and then go on with the inhalation. The sponge I used the other day is of small size, not holding above two fluid ounces, and was seldom filled beyond half its capacity. It is the same sponge that I have used for more than five years, and is so open that, of itself, it is no obstacle whatever to respiration when placed over the mouth and nose.

In regard to the quantity used in the present instance—the phial had on it an apothecary's label; and, before moistening the sponge, the fluid did not reach the lower edge of said label. This fact was remarked by Mr. Venner as well as myself, and there still remains in the phial nearly one ounce of the fluid. In the opinion of the physicians—Drs. Parcher and Thorndyke, who were on the inquest—the quantity used was about two ounces or a little over. By weight it may have been more.

Finally, I learned from the mother of the young man, that he had

never been sick, but had been a child of penury and want, suffering at times for the necessities of life; also that he had met with an accident some years since, on account of which he lay in a fainting condition for some time. One of the men who came to my office with him, but who passed out as I came in, told me, the day after, that he "had no doubt but that Henry died from the effects of fear"; that he trembled like an aspen leaf when he was coming from the shop. We all know what a terrible influence *fear* has over the vital economy. Why, a friend of mine mentioned, in connection with this case, that he once knew an artisan, who died in this way without taking ether. His knife slipped in his hand, and he *thought* he had inflicted a serious wound on his thigh. He swooned away, and all efforts to revive him were unavailing. The surgeon found only a slight scratch of the skin—but his patient was dead!

My conclusion, then, is, that the fatal consequence attending etherization in the present instance is not owing to any inferiority in the article used, to want of care in its administration, nor to any organic disease in the patient; but that we must look for it in the naturally delicate organization of the subject, rendering him very sensitive to external impressions, in the shock that the nervous system had sustained in the injury, and last, but not least, in the influence of *fear*. Not in any one of these singly, but in the three combined.

In haste, yours most truly, DAN'L V. FOLTS.

37 Maverick Square, E. Boston, Aug. 9, 1852.

CASE OF OVARIAN DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I forward for publication in your Journal the following case of ovarian or encysted dropsy, accompanied with a hepatic state of the system. This case had been treated unsuccessfully before I saw it, as being a case of ascites.

The patient, Mrs. Durand, wife of Mr. George Durand, of Greenport, Long Island, is a young woman of a full habit, florid complexion, dark hair, and a very sanguine temperament. I am not acquainted with the treatment she had gone through previous to my seeing her, but presume it was such as is usually resorted to in cases of ascites. She called on me about the 1st of March, 1852. Her abdomen was very much distended, but presenting a greater amount of swelling on the right than on the left side, and on pressing on this side it had a greater feeling of density than the other. Her stools were dark, indurated and offensive; her urine scanty, high colored, and reddening litmus. Her face, eyelids and extremities did not present any of that appearance of swelling which usually accompanies ascites and anasarca. She was under the impression that she might be pregnant, in consequence of her having been irregular. On making an examination per vaginam, I found the uterus in its normal condition; its fundus, however, was thrown a little backwards and behind, and to the right of it I discovered a tumor,

but entirely detached from it. By oscillating it, I could distinctly feel that it contained a fluid. I at once concluded this to be a case of ovarian or encysted dropsy, accompanied with a hepatic state of the system. With this view of the case, I adopted the following treatment, and am happy to say with success.

For the purpose of bringing on a healthy action of the liver and kidneys, I gave her R. Mass. hyd., ʒj.; pulv. rhei, ʒij.; sapo Hispan., q. s. Ft. pil. no. xxiv. M. Two pills to be taken every night at bedtime. I also had her abdomen over the tumor rubbed freely three or four times a-day with the following ointment. R. Ungt. hyd. fort., ʒj.; ungt. stramonii, ʒjss.; iodid. potassæ, ʒij.; iodine, gr. xv. M. Ft. ungt. She also took a tablespoonful of the following syrup three times a-day. R. Iodide potassæ, ʒij.; iodine, gr. xv.; aqua, ʒviij.; syr. simp., ʒviij. M. Flax-seed tea, with spts. nit. dulc., was also freely administered, to excite the kidneys and bladder. As an injection per vaginam she used the following by means of a curved glass syringe, for the purpose of exciting absorption in the tumor. R. Iodide potassæ, ʒij.; iodine, gr. x; aqua, ʒxviij. M. Inject the parts every six hours.

For the purpose of supporting the abdomen externally, I had a bandage made, and so constructed and arranged as to be capable of being drawn in daily as she decreased in size. This treatment was followed up for about two months; during which time the liver and kidneys resumed their natural functions, the tumor gradually disappeared, and she is now perfectly well.

I remain respectfully yours,

No. 431½ Grand st., N. Y., Aug., 1852. J. X. CHABERT, M.D.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Médicale*—Translated from the French by D. D. SLADE, M.D. Boston, and communicated for the Boston Medical and Surgical Journal.

FOURTH LETTER.

MY DEAR FRIEND,—As I promised, I shall say a few words upon the incubation of blennorrhagia. Incubation has been made a condition of virulence. Every virulent disease ought to present a period of incubation. Thus those who admit that blennorrhagia is a product of a virus, admit equally that this virus does not produce its first effects till after a time of incubation more or less long.

I say more or less long, and it is not without reason. The authors, in fact, as well for the incubation of syphilis properly called, have admitted for that of blennorrhagia a period the most convenient. The term of the incubation has been fixed between some hours (Hunter and others) and fifty and some days (Bell). What shall I say? MM. Cullerier and Ratier have reported the history of an incubation which lasted during five months. Assuredly a very elastic incubation. You know that matters are far from passing thus in the virulent diseases where the incubation is incontestable. The limits of the period of incubation can be more accurately fixed in the variola, in vaccinia, in scarlatina, in the measles, and in hydrophobia. The fine works

of M. Aubert Roche have even told us the certain limits of the incubation of the plague, which never exceeds eight days. For blennorrhagia, it is a far different thing, as you will see; here there are no certain limits.

What is, then, this incubation of blennorrhagia, which they have made me again very recently deny? We must understand this matter; it is a pure question of words. I do not deny the evidence; and consequently I do not deny that between the action of the cause, and the appearance of the first phenomena of blennorrhagia, there is a period more or less long; but is there present an incubation properly called, an incubation similar to that of the variolic or vaccine virus? I contest this, and I explain that time, more or less long, which exists between the action of the cause and the appearance of the phenomena, by the disposition and by the particular susceptibility of the tissues which have undergone the influence of the cause. There is no more incubation present in this case, than there is between the action of an exposure of the feet to cold, and the appearance of a coryza. One does not blow muco-pus immediately from the nose after such exposure to cold; there exists a certain period between these two actions. Do you call this period the incubation of the coryza? Why, then, make use of a similar expression for blennorrhagia?

In those cases where blennorrhagia does not appear till long time after one is exposed to the suspected cause which produced it, is it not more rational to admit another cause which remains unknown, than that pretended incubation which nothing explains, nothing justifies? Is it not so in almost all inflammations? Can you always go back to the direct cause of a pneumonia, of an arthritis, of a phlegmon? Without doubt, in man, the sexual relations are the most direct cause of blennorrhagia; but we should fall into strange errors, if we wished to refer all blennorrhagias to a virulent cause. I could give you some very singular examples which prove the contrary, but I refer the reader to the interesting note with which you have accompanied my preceding letter.

From this exclusive manner of considering the etiology of blennorrhagia, there results often, in practice, a singular manner of interpreting facts. A man affected with blennorrhagia has had connection with several women; he hastens to make a sort of moral choice among these women, and by means of elimination he happens to fall often upon the most innocent. This sort of application of the law of suspicion has caused strange errors to be committed, of which I have often been witness.

Let us then conclude upon this point that the effects of blennorrhagia can follow at some distance from the cause which produces them, but that nothing proves that the period which exists between the action of the cause and the appearance of the morbid phenomena, is the result of a true virulent incubation.

I should prefer, my dear friend, not to make too frequent digressions from my programme, but how can I avoid deciding incidental questions when they present themselves beneath my pen? Such is that of the specific seat of blennorrhagia. You know that the question of this seat has been much agitated. In man it has been made to travel from behind

forward, from forward backward ; to advance or to retreat, at the will of the fertile imagination of writers upon syphilis. From the spermatic passages, in passing successively by the glands of Cowper, the fossa navicularis and the follicles of Morgagni, the seat of blennorrhagia has travelled a good deal. It is true that Bell, in establishing different degrees in blennorrhagia, has made its seat retrograde from before backwards. But it is not with these questions, so well known, that I wish to detain you. I will call your attention, however, to a singular prepossession of Hunter. This great observer admitted, as you know, a virulent blennorrhagia to be identical to chancre ; he placed the seat of it in the fossa navicularis ; but he inquires if the inflammation which propagates itself by degrees towards the posterior portions of the urethra, continues to be virulent beyond the fossa navicularis. We must confess that the genius of Hunter yielded to the spirit of system. Besides, in studying Hunter, we see his observing genius constantly in contest with his theory of blennorrhagia. He started with a false idea ; facts come constantly to prove it to him, but theory is there to obscure his intellect, and in place of dismantling his theory by facts, he endeavors, on the contrary, to make facts agree with his theory—an excellent example of the dangers of pre-conceived and systematic ideas in the cultivation of the sciences of observation.

In the female, Graff placed the seat of the virulent blennorrhagia in the follicles in the neighborhood of the urethra. One of our brother physicians of Bordeaux, who died a few years since, Moulinié, thought he had seen in the glands of the vulva (so well described by Bartholin, and of which Boerhaave has traced the pathological history, resumed and completed in our day by M. Hugenier) a sort of organ of virulence in a blennorrhagic point of view.

In the midst of all these opinions, strict observation shows that those portions of mucous surfaces the most exposed, are those which are the most easily affected. Nevertheless, we must allow that the mucous surface of the urethra in the two sexes is more often affected after sexual intercourse than the other mucous surfaces of the genital organs. This fact is an argument for the partisans of the virulent contagion. I will corroborate it, if they wish, by this proposition, which appears incontestable, that a woman attacked by blennorrhagia of the urethra can be considered as having the most commonly contracted it from a man suffering from blennorrhagia ; and you see that this proposition could have its importance in legal medicine. Thus, for me, I should be ready to admit that a woman in whom I discovered a blennorrhagia of the urethra had taken it from a man. But does this fact come in aid of the existence of a virulent contagion ? No, and I explain it by this other fact, alone true and incontestable, that pus furnished by the urethra is the most irritating of all pus for certain mucous surfaces.

While certain writers on syphilis contest the existence of blennorrhagia of the urethra in the female, others do not admit in her of a blennorrhagia except when it has its seat in the urethra. These two extreme opinions are erroneous. Observation has led me to admit all the varieties of blennorrhagia upon all mucous surfaces.

Whilst I am here, will you permit me to disembarass myself of some other incidental questions relative to blennorrhagia? I shall proceed more freely and more rapidly afterwards, on the great questions which remain for me to treat of. If I examine the lesions of tissue which blennorrhagia produces, whatever may be the mucous coat affected, I do not find anything that simple inflammation cannot produce. There is sometimes a slight erythematous condition without secretion. It is the dry blennorrhagia of some writers, a denomination ridiculous and absurd, introduced into the writings upon syphilis, and in view of which we can admire the persevering efforts of M. Piorry to bring about a reform in the nomenclature. Sometimes we have to do with a mucous element, catarrhal, and with all its products at different degrees, mucous, mucoso-purulent; in fine there are some true phlegmonous complications which we meet with, from which result in man for the urethra, the blennorrhagia accompanied with chordée, and the quite frequent production of abscess upon the course of the urethra.

But neither in the state of the tissues nor in the nature of the products do we find anything which can be compared to the accidents of syphilis properly called.

Are the consequences of blennorrhagia comparable to those of syphilis? It has been said so, but it has not been proved. There are some analogies, without doubt, but some notable differences also. Thus one of the first accidents which blennorrhagia can produce, and which resembles one of those produced by syphilis, is bubo. But in the first place, enlarged glands are infinitely more rare as the consequence of blennorrhagia, than of chancre. In the next place, the bubo is never met with except in blennorrhagia of the urethra, in the two sexes, the other varieties never giving rise to enlarged glands. I well know that one of our fellow medical men of Belgium speaks of buboes *peri-auriculaires*, which ought to manifest themselves in blennorrhagia of the eye, but I must confess that I have yet to look for an example. In fine, the blennorrhagic bubo has this speciality, that purely inflammatory, it has very little tendency to suppuration, and when this happens it is *never inoculable*.

Do you wish to follow out that which blennorrhagia can produce ordinarily upon the two sexes? Take blennorrhagic ophthalmia, which never manifests itself but during a *blennorrhagia of the urethra*; in good faith, is it possible, unless we wish to confound everything, to establish the least comparison between this ophthalmia and syphilitic iritis?

With regard to blennorrhagic rheumatism, is it reasonable to establish the least difference between this affection and the accidents produced by syphilis upon the osseous system? Is there anything in the world more unlike the blennorrhagic arthritis and the exostosis, for example?

What should I say of the cutaneous affections, except that I am profoundly astonished that some physicians have wished to discover a resemblance between the cutaneous affections produced by certain remedies employed in the treatment of blennorrhagia, and the special affections of the derma that syphilis produces. The previous holding of a false doctrine has here produced some very strange confusions. Blen-

norrhagia, it has been said, produces cutaneous affection—like the chancre; and the roseola which succeed the use of copaiba and of cubebs have been cited as examples. I assure you that these roseola do not appear but when these resins are given. They answer me—but they do not appear except when there is a blennorrhagia existing. I answer, in my turn, that copaiba and cubebs are not given, but when there is a blennorrhagia. I add, and this is important, that I have administered copaiba in cases of vesical catarrh, and I have often seen these exanthemata make their appearance.

But these *resinous* exanthemata have characteristics so marked, that with the strongest disposition in the world, it is impossible to confound them with genuine syphilitic exanthemata. They are developed generally with great rapidity; they are very *acute*, of *rubeolic* form, or often connected with lichen urticarius; if they are not very confluent, they are grouped preferably in the neighborhood of the articulations, and in the sense of extension, such as about the wrist, elbow, knee, instep, and around the ears; they are commonly accompanied with much itching, which is the contrary of syphilides, and a most important condition; so that we can say of them—*sublatâ causâ tollitur effectus*. In fact, they rarely survive a week the cause that produced them.

These exanthemata bring to mind a curious fact, which I ask you to permit me to relate in the form of an episode; it has also its instruction. Two or three years since, one of our most distinguished brother physicians presented himself at my house very much frightened. Until now, said he to me, I have had faith in your doctrine, but I find it at fault, and in my own case, that is truly hard. So saying, he took off his clothes and said, "What is this?" showing me his chest and back. I examined and said, "That is a beautiful syphilitic roseola." "Syphilitic, do you say; and are you very sure of it?" "Perfectly sure!" "Ah, well, you convict yourself. I have never had in my life any other venereal accident than a blennorrhagia, and that was twelve years ago." "On your side are you very sure of that?" "Just as sure as of my existence." I examined my friend from head to foot, and having done so, I said to him gravely, and with a certain air of solemnity, "Friend, you have *recently* had a chancre upon the right hand, and the chancre was situated neither upon the thumb, nor upon the index finger, but upon one of the three last fingers." "You are joking," said he. "I am joking so little," I added, "that you still carry a bubo,"—and I made him feel, in fact, an axillary gland still enlarged. Then my friend, recalling his thoughts, told me that some months before he had attended and dressed a woman who had chancres; that an ulceration had come upon the middle finger, that he had not taken care of it, and that this ulceration had cicatrized. There is the source of your roseola, said I, and act accordingly.

Finally, what physician at the present day could confound the blennorrhagic epididymitis with the syphilitic sarcocoele? It is no longer possible, since the time of Bell, still less possible since the works of Astley Cooper, and since what I myself have done in regard to this subject.

You will permit me to pass in silence the pretended tuberculous diathesis invented in Germany as a consequence of the blennorrhagic viru-

lence. The question of tubercles in general is already sufficiently obscure, without adding to it any new darkness.

You see, dear friend, that I approach at last the programme that I had traced out for myself. In my next letter I shall enter upon it resolutely.

Yours, &c.

RICORD.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 18, 1852.

Hints on Health.—Our accomplished friend, William Edward Coale, M.D., of Bowdoin Square, in this city, has written something worth reading, which is far more than can be said of every one who writes. He has given, in a compact volume, *Familiar Instruction for the Treatment and Preservation of the Skin, Hair, Teeth, Eyes, &c.* Combined with sound medical advice, a pleasant vein of literary sprightliness runs through the work, which relieves it of a kind of ponderosity of style that so generally attaches itself to a professional treatise. Dr. Coale is excellent on the functions of the skin. In the whole range of physiological prelections, we have seen nothing more satisfactory. Truth, though in a nutshell, is still the truth; and in this age and rage for homœopathic doses in science, as in drugs, people will study small books, when they would not look at a large one. Considerations of this character must have influenced Dr. Coale to condense and give a popular turn to this admirably devised little volume, which is quite as useful to the faculty as to the great public. The publishers are Messrs. Phillips, Sampson & Co., Boston.

Ranking's Abstract.—Almost every physician must of course be familiar with this half-yearly publication, the cream of the foreign journals, republished by Messrs. Lindsay & Blakiston, of Philadelphia. No. 15, embracing the period from January to June, is in readiness, as rich as ever in each branch of practical medicine and surgery. A prodigious amount of profitable reading is given for a trifle, and we can hardly suppose any one would allow the opportunity to pass without taking it. Were the cost three times as much, it would not be thought a dear book by those who wish to keep up with the march of improvement in medicine.

Eclectic Medical Association.—A certain writer remarks that he is sometimes half inclined to believe that what the majority of mankind call wrong, is right, the parties being so nearly balanced, and that the minority may yet get the ascendancy. Probably he belonged to one of the radical sects of medical reformers. A stranger to the medical organization of this country, who might incidentally fall upon the *Transactions of the National Eclectic Medical Association*, a ponderous book, would either consider the profession vastly behind the age, or too far in advance of it. The third annual meeting of the Eclectic Medical Association was held at Rochester, N. Y., in May last. The reports have a sound, business-like appearance, are numerous, and not without interest. But what objects have the gentlemen in view? What would they substitute for the system which all well balanced, educated men approve? As we understand the subject, these

eclectic reformers are ambitious to overthrow the doctrine of the laws of life and the administration of remedies for disease, as taught in the legitimate schools of medicine. The road to distinction for them lies in violent opposition and general non-conformity to the results of medical experience, as understood by the wise and the learned of the faculty. There are men among them who cannot be ignorant of the claims to confidence of the medical colleges; and yet they are perpetually talking about their superior tact in selecting just what is proper, and rejecting whatever is bad. Where is there a physician who does not pursue precisely the same eclectic course? He is not worthy of patronage who does not conscientiously act upon that principle. The poverty of some of the papers in these "Transactions" is inexcusable in those who take such high ground as these self-styled eclectics. Instead of taking the attitude of a hostile position, and waging a constant warfare upon imaginary errors, these eclectic philosophers would very much sooner accomplish all they desire, by simply doing what every physician is bound to do, viz., learn all that they can, and apply all the knowledge obtained to the promotion of human happiness in the cure of disease.

Aeripathy.—Another screw has become loose. Distressed at the contemplation of the numberless avenues to death, and the inability of physicians to prevent the multitude from walking therein, a new champion, a modern Hercules with a club, has stepped forth in his majesty and offers a boon to the afflicted. Oxygen is the article—oxygen is the mighty agent for sustaining life, the remedy which has so long been sought, but never found till discovered caged up in Western New York. D. Whitney, M.D., has a pamphlet out, explanatory of his views of disease and his practice in aeripathy. The terminal syllable of the word constitutes the charm—the *pathy* is a bolus for every one to swallow who is in pursuit of the last new medicine. The inhalation of oxygen gas is nothing new, and Dr. Whitney claims nothing more than his personal experience in the administration of it for a diseased condition of the lungs. His apparatus for breathing the gas is ingenious, and beyond all doubt there are cases in which benefit might be derived from it, but it is ridiculous to indulge the expectation of a panacea. The book is not without its good points.

Quarterly Homœopathic Journal.—This work is beautifully printed, and is conducted by the leading spirits of the new school. The literature of homœopathy is becoming voluminous; but to understand all its peculiar expressions, the high potencies, provings, numerical dilutions, &c., is rather perplexing. It is a mistake in our journalists, generally, to draw so extensively upon foreign publications that American facts and experience are kept out of sight. This leads to a very natural conclusion abroad, that we have no indigenous materials, and hence we are properly enough called medical borrowers. Homœopathic periodicals draw liberally from the pages of continental serials. There is in this quarterly a minuteness in the analysis of plants and the effects they produce on the system, tedious beyond description. Yet it may be very proper to publish such. It is certain that what is said of *Anagallis Arvensis*, in No. vii., page 181, is a specimen of hair-splitting more nice than wise. The same remarks are also applicable to the 6th article, *Apis Mellifica*, in which the hairs are invisibly fine.

Topographical Anatomy.—A friend has kindly sent us a copy of a miniature system of Topographical Anatomy, which was reported by a committee to the American Institute of Homœopathy in the year 1850. After an attentive examination, we discover nothing new in it, and certainly it falls below the ordinary hand-books of anatomy for the use of students. It cannot be of any service to a beginner beyond learning what lies within the boundaries of any particular region. For example, in the temporo-parietal region, there is the skin and cellular tissue, the epicranial and temporal aponeurosis and external ear: the temporal muscle and muscles of the ear; the superficial and deep temporal arteries; the temporal vein; small branches of the cervical plexus, the facial, the auricular and inferior maxillary nerves, &c. Now neither the origin or insertion of the muscles, the origin, ramification or relation of the nerves, arteries or veins, is taught in the work, and consequently we consider it so far defective. Neither can we discover any improvement in nomenclature, arrangement or otherwise. A person taking this for his guide, would remain ignorant of the essential facts in anatomy—essential to the operating surgeon and to the physiologist. If the work was intended simply to remind old practitioners of what they once knew of the parts and parcels lying in this place and that, it might be useful as a prompter, though inadequate in imparting a correct, thorough anatomical knowledge. An accompanying note says, "I have thought, since it was printed, that it might not only be useful for the purpose for which it was mainly intended to serve in the investigation of diseases, but that the anatomical student, the dissector, might find it convenient in forming an idea of the situation of hidden organs and parts, before proceeding to the use of the knife for exploring any given region." This is all very well, but we are resolute in believing that minute anatomical research is incumbent on the student of medicine. No *anatomy made easy* is admissible; he should have the whole inmost thoroughly, or none at all.

Improved Syringe.—Allusion was made, some months since, to an essential improvement in that useful instrument, the syringe. A Boston physician has brought it to a surprising degree of perfection. In workmanship the instruments are unrivalled; but their real value consists in the applicability of the barrel and flexible tubes to various purposes in maintaining health, when mechanical assistance is necessary; and in fact to every purpose for which a syringe is needed. Both hands of the individual are not required, in operating upon himself, which is a decided improvement. We have not been accustomed to such highly finished articles, in this line, and the country has reason to be proud of them. It is quite needless to particularize their exact construction, to show the superiority of the invention over the common syringes of the shops. Those desirous of an examination are invited to call for that purpose. Facilities for manufacturing are on an extensive scale, such as will at once meet the demand which the utility, compactness, beauty and economy of the article will create.

University of Louisville.—The following notice of some important changes in two of our western schools of medicine, is taken from the Western Medical Journal, of Louisville.

"Professor Drake's devotion to Cincinnati, and to the school of his earlier days, has again prevailed with him to resign his chair in the University of Louisville, and return to the Medical College of Ohio, and Professor

Cobb has followed his example. The paramount consideration with the latter gentleman for giving up a place which he had so long and so creditably held, was the opportunity afforded by the change of securing an appointment—that of Demonstrator of Anatomy—for his promising son, Dr. William H. Cobb. The separation of these gentlemen from their old associates is without any diminution of that mutual esteem and good will, which has subsisted between them during all their professional intercourse. The Board of Trustees have filled the vacancies by the appointment of Professor Austin Flint, of the University of Buffalo, to the chair of *Theory and Practice*, and of Professor Benjamin R. Palmer to the chair of *Anatomy*. Professor Palmer is connected with the University of Buffalo, as Professor of Anatomy, and has for a number of years held the same chair in the Medical College of Vermont, at Woodstock."

Hydrargyri Iodium Rubrum.—The following, from the American Journal of Pharmacy, should receive the attention of all who have purchased the American edition of Christison's work.

"TO THE EDITOR OF THE AMERICAN JOURNAL OF PHARMACY.—Under the article *Hydrargyri Binioidum*, the U. S. Dispensatory gives as the dose 1-16th of a grain, gradually increased to grain 1-4th.

Under the same head, Christison's work, edited by Dr. Griffith, ed. 1848, gives the dose from gr. i. to gr. iv.

Has this great discrepancy been before detected, and the error corrected?—STUDENT.

[NOTE.—The profession will be obliged by the above hint. We had not observed the error before. Since communicating the fact to the publishers, Messrs. Blanchard & Lea, they have informed us that the error has been corrected in the unsold portion of the edition. All who have the American edition of Christison should make the correction with pen at once, and all Medical Journals should notice it.—ED. AM. PHARM.]

Anæsthetic Agents.—So many fatal accidents have of late occurred in the practice of anæsthesia, that it is desirable physicians should have all information possible respecting the different agents employed. An article by Dr. George Hayward, of Boston, published in the number of this Journal for April 10, 1850, gives the results of his extensive experience in their use, and is well worth referring to by readers who have past volumes of the Journal. It will be seen that he there predicts the like fatal effects from chloric ether which had then begun to occur from chloroform, and that he considered sulphuric ether the only safe article to be employed.

Medical Miscellany.—Dr. A. B. Snow, of Boston, has been appointed Professor of Anatomy and Physiology in Genesee College, Lima, Livingston Co., N. Y. — Lectures begin at the Dental College in Baltimore, on the last Monday of November, with a strong faculty.—A finely printed circular of the Medical Department of St. Louis University is acknowledged.—A Greek servant died a short time since at Smyrna, at the age of one hundred and seven years.—Cholera has broken out again at Smyrna, but the stolid Turks are accustomed to it, and therefore exclaim, "Bismillah!" God is great! and die with composure.—The annual export of tobacco from this country amounts to \$9,219,251; the import of cigars

amount to \$2 520,812. The annual cost of cigars in the United States is \$20,000,000.—In the hospital of St. Louis, Paris, itch is cured in two hours. It is effected by a thorough cleansing of the skin, and the application of sulphur ointment—no new remedy.—Mr. Wakley, editor of the London Lancet, who has represented Finsbury in the British Parliament for seventeen years, has declined being again a candidate for the office. Mr. W. is still, we believe, one of the coroners of London.—The East India Company have lately passed a resolution requiring all surgeons entering their service to attend to the study of mental diseases.—Sir Gilbert Blane's Gold Medal has been conferred on Dr. T. R. H. Thomson, surgeon R.N., for his Journal of Medical and Surgical Practice in H.M.S.—Dr. Conolly has resigned his post of physician to the Hanwell Lunatic Asylum, in England.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE BOYLSTON MEDICAL PRIZE COMMITTEE, APPOINTED BY THE CORPORATION OF HARVARD COLLEGE, consists of the following Physicians:—

JOHN C. WARREN, M.D. GEORGE SHATTUCK, M.D. WALTER CHANNING, M.D. J. MASON WARREN, M.D.
EDWARD REYNOLDS, M.D. SOLOMON TOWNSEND, M.D. J. B. S. JACKSON, M.D. D. H. STORER, M.D.
and JOHN JEFFRIES, M.D., Secretary.

At the annual meeting held August 4, 1852, it was found that no dissertation had been offered on the first subject, viz.: "On the diseases of the Prostate Gland."

A prize of sixty dollars, or a gold medal of that value, was awarded to Waldo S. Burnett, M.D., of Boston, Mass., for the best dissertation on the 2d subject, viz.: "Original researches with the microscope, illustrative of Anatomy, Physiology, or Pathology."

The subjects for 1853 are—

1. On Paracentesis in Pleurisy and other diseases followed by effusions into the cavity of the Thorax.

2. On the use of Cod-Liver Oil in Phthisis and other diseases of nutrition.

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday in April, 1853.

The following subjects are proposed for the year 1854, viz.:

1. On the constitutional treatment of Syphilis.

2. On the non-malignant diseases of the Uterus.

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday in April, 1854.

The author of the best dissertation, considered worthy of a prize, on either of the above subjects, will be entitled to a premium of sixty dollars or a gold medal of that value at his option.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1838, the Secretary was directed to publish, annually, the following votes, viz.:—
1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 3, 1852.

Aug. 18—4tf

JOHN JEFFRIES, Secretary.

TO CORRESPONDENTS.—Dr. Coale's Treatise on Uterine Displacements, Dr. Bartlett's Observations on Loose bodies in the Knee-joint, and Dr. Hooker's Remarks on the use of Chloroform in Dentistry, have been received.

MARRIED.—Timothy Childs, M.D., of Pittsfield, Mass., to Miss M. E. Huntington.—In Boston, John V. Degrasse, M.D., to Miss C. H. Howard.

DIED.—At Rome, Dr. Kissock, an eminent English physician.—At Huddersfield, June 28th, 1852, aged 41 years, John Taylor, M.D., physician to the Huddersfield Infirmary, and late Professor of Clinical Medicine in University College, London.—At Kilmuir, Argyleshire, in the 80th year of his age, Thomas Thomson, M.D., F.R.S. L. & E., and Regius Professor of Chemistry in the University of Glasgow.

Deaths in Boston—for the week ending Saturday noon, August 14, 83.—Males, 44—females, 39. Accidental, 1—disease of bowels, 2—inflammation of bowels, 11—disease of brain, 2—inflammation of brain, 1—burn, 1—consumption, 11—convulsions, 2—colic, 1—cholera infantum, 4—cholera morbus, 1—debility, 1—dysentery, 6—diarrhoea, 2—dropsy, 1—dropsy of brain 4—drowned 1—intermittent fever, 1—scarlet fever, 5—gangrene, 1—disease of heart, 1—infantile, 6—disease of liver, 1—marasmus, 2—measles, 1—old age, 1—palsy, 1—rheumatism, 1—teething, 6—thrush, 1—unknown, 2—worms, 1.

Under 5 years, 46—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 9—over 60 years, 4. Americans, 29; foreigners and children of foreigners, 54. The above includes 6 deaths at the City institutions.

To the Medical Profession of the Southern and Western States.—GENTLEMEN.—At the last Annual Meeting of the American Medical Association I was continued as Chairman of a Committee to report at its next session on the Prevalence of *Idiopathic Tetanus* (not endemic, as I was erroneously notified by my first appointment). Permit me, therefore, to solicit your assistance, to the extent of your information, either from personal experience or inquiry, embracing the immediate circuit of your professional supervision. Your attention to the following queries and answers, seriatim, forwarded by mail to my address on or before the first day of January, 1853, will not only serve the special object of the Association, but particularly oblige,

Very respectfully, your obedient servant,

Mobile (Alabama), July 26, 1852.

A. LOPEZ, M.D.

1st.—Are there any physical causes, in or about your locality, productive of *Idiopathic Tetanus*?

2d.—Have changes by clearing of lands, change of culture, or any other circumstances, been the cause of such disease?

3d.—Has *Tetanus* been of frequent occurrence, and if so, does it hold an analogous or independent origin of malarious diseases?

4th.—Does it follow the laws which govern climatic Endemics, in sufficient number and simultaneous prevalence to warrant the belief of its identical origin?

5th.—Have meteorological variations governed the production and character of the disease?

6th.—The average number of deaths from *Idiopathic Tetanus*?

7th.—Have adults or children been most liable to its attack?

8th.—What sex?

9th.—Proportion of whites to negroes?

10th.—Duration of disease previous to fatality?

11th.—Interval between cause and developments?

12th.—Does *Trismus Nascentium* ever observe an *Idiopathic* or Symptomatic character?

13th.—Are negro or white children most liable to it?

14th.—Your belief as to its origin?

15th.—Proportion of deaths to cures?

16th.—Have you found any form of treatment more successful than another, in either *Idiopathic Tetanus* or *Trismus Nascentium*?

Still another Death from Chloroform.—We are informed that Mrs. Nathaniel Weed, of Darien, Ct., came to her death a few days since as follows:

She had taken chloroform at the hands of Dr. Height, a physician residing in Stamford, for the removal of some teeth, and suffering no ill effects, she desired him to administer the chloroform again, for the removal of others. A few days subsequent, as we are informed, she placed herself under his care for this purpose, when he proceeded to give her the chloroform. After she had inhaled the vapor a short time, the doctor removed it, when she desired more, saying that she was not sufficiently under its influence. He reluctantly applied it again, when, after one or two inspirations, she ceased to breathe, and immediately expired; and every effort to restore her was unavailing.

Such is substantially the story as we have received it. Mrs. Weed was about 40 years of age, and is said to have been in robust health at the time of taking the anæsthetic.—*New York Dental Recorder.*